

				_					
	in this information to identify your cotor 1 James C								
	otor 2			-					
	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA						
	se number 22-11836-ELF			Ched	ck if this is:				
(If kr	nown)				An amended filing				
						ent showing postplass of the following			
0	fficial Form 106I			MM / DD/ YYYY					
S	chedule I: Your Inc	ome					12/15		
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	r spouse is not filing w	ith you, do not include inform	ation abou	t your spo	use. If more spa	ce is needed,		
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed		☐ Employed				
		Employment status	☐ Not employed		☐ Not employed				
		Occupation	Packer						
	Include part-time, seasonal, or self-employed work.	Employer's name	Packaging Coorinators I	nc					
	Occupation may include student or homemaker, if it applies.	Employer's address	3001 Red Lion Road Philadelphia, PA 19114						
		How long employed t	here? 20 Years		_				
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for ar	ny line, write	e \$0 in the	space. Include yo	ur non-filing		
	u or your non-filing spouse have mo		ombine the information for all em	nployers for	that perso	n on the lines belo	ow. If you need		
				For De	btor 1	For Debtor 2 on non-filing spo			
2.	List monthly gross wages, sala deductions). If not paid monthly,			\$2	2,322.46	\$	N/A		
3.	Estimate and list monthly overt	ime pay.	3	+\$	0.00	+\$	N/A		

4. Calculate gross Income. Add line 2 + line 3.

4. \$ **2,322.46**

N/A

Deb	tor 1	James C Jacobs	_	С	ase number (if known)	22-11	836-E	LF		
				ı	For Debtor 1	For I	Debtor	2 or		
					Ф 0000 40	non-filing spouse				
	Cop	by line 4 here	4.		\$ 2,322.46	\$		N/A	<u>\</u>	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 361.00	\$		N/A	1	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$		N/A	_	
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$		N/A	_	
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.00	\$		N/A	_	
	5e.	Insurance	5e.		\$96.17 \$0.00	\$		N/A	_	
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.		\$	\$		N/A N/A	_	
	5h.	Other deductions. Specify:	5g. 5h.		\$ 0.00	+ \$		N/A	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	9	\$ 472.17	\$		N/A	_	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		1,850.29	\$		N/A	_	
8.		all other income regularly received:	• • •	•	1,030.23	Ψ		11/7	<u> </u>	
0.	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$	\$		N/A	_	
	8b.	Interest and dividends	8b.		\$0.00	\$		N/A	<u> </u>	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	I							
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.		\$0.00	\$		N/A		
	8d.	Unemployment compensation	8d.		\$ 0.00	\$		N/A	_	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.		\$0.00	\$		N/A	<u>\</u>	
	OI.	Include cash assistance and the value (if known) of any non-cash assistance	Э							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.00	\$		N/A		
	8g.	Pension or retirement income	— 8g.		\$ 0.00	\$		N/A		
	8h.	Other monthly income. Specify: Proportionate 2022 Tax Refund	8h.		\$ 74.17	+ \$		N/A	_	
_									_	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	74.17	\$		N/	A	
10	Cal	aulate monthly income. Add line 7 , line 0	10	<u> </u>	4 004 40		N1/A	6	4 004 40	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	» —	1,924.46 + \$		N/A	= \$ _	1,924.46	
			_							
11.		State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and								
	other friends or relatives.									
		not include any amounts already included in lines 2-10 or amounts that are not cify:	availa	ble	to pay expenses lis	ted in So		<i>∋ J</i> . +\$	0.00	
								· <u> </u>		
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.									
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies						12.	\$	1,924.46	
	• •							Combi	ined	
									ly income	
13.	Do :	you expect an increase or decrease within the year after you file this form	?							
		No.								
		Vee Lynlain. I							,	